

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							<small>SERIAL NO.</small> 097869333	<small>FILING DATE</small> 					
							<small>APPLICANT(S)</small> 						
							6-00 CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3		2		1		/	53						
4		2		1		/	54						
5		2		1		/	55						
6		2		1		/	56						
7	/		/			/	57						
8		1		1		/	58						
9		2		1		/	59						
10						/	60						
11						/	61						
12						/	62						
13						/	63						
14						/	64						
15						/	65						
16						/	66						
17						/	67						
18						/	68						
19						/	69						
20						/	70						
21						/	71						
22						/	72						
23						/	73						
24						/	74						
25						/	75						
26						/	76						
27						/	77						
28						/	78						
29						/	79						
30						/	80						
31						/	81						
32						/	82						
33						/	83						
34						/	84						
35						/	85						
36						/	86						
37						/	87						
38						/	88						
39						/	89						
40						/	90						
41						/	91						
42						/	92						
43						/	93						
44						/	94						
45						/	95						
46						/	96						
47						/	97						
48						/	98						
49						/	99						
50						/	100						
TOTAL IND.	2		2		4		TOTAL IND.						
TOTAL DEP.	12		7		14		TOTAL DEP.						
TOTAL CLAIMS	14		9		18		TOTAL CLAIMS						

BEST AVAILABLE COPY